

Mobility Fund Phase 1 - \$54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	268021
<015> Study Area Name	Powertel/Merphie, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas
<035> Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.
<039> Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com

(check box when complete)

<040> Has the information required pursuant to \$54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input type="radio"/>	<input checked="" type="radio"/>	
<041> Attach a description of the documents filed with the Form 481 reporting	<041>			
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>			
<043> Cite the date of the Form 481 reporting	<043>			
<050> <u>Carrier Contact Information</u> <small>(has the contact info. changed since prior filing? Yes or No)</small>		<input type="radio"/>	<input checked="" type="radio"/>	
<small>(if yes, complete the attached worksheet)</small>	<050>			
<060> <u>Coverage and Performance Report</u> <small>(complete attached worksheet)</small>	<060>	<input checked="" type="checkbox"/>		
<070> <u>Urban Rate Comparability Certification</u> <small>(complete attached certification)</small>	<070>	<input checked="" type="checkbox"/>		
<080> <u>Tribal Lands Reporting (y/n?)</u> <small>(Does this study area cover tribal lands? Yes or No)</small>		<input type="radio"/>	<input checked="" type="radio"/>	
<small>(if yes, complete the attached worksheet)</small>	<080>			
<090> <u>Project Update Information</u> <small>(complete attached worksheet)</small>	<090>	<input checked="" type="checkbox"/>		
<100> <u>Certifications</u>				
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<101>	<input checked="" type="checkbox"/>		
<102> Agent Certification <small>(complete attached certification)</small>	<102>			

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact Form

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<010>	Study Area Code	268021
<015>	Study Area Name	Powertel/Memphis, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	_____
<111>	Filing Carrier Name	_____
<112>	Winning Bidder Carrier Name	_____
<113>	Street Address (or PO Box)	_____
<114>	City	_____
<115>	State	_____
<116>	Zip-Code	_____
<117>	Telephone Number	_____
<118>	Fax Number	_____
<119>	Email Address	_____

Contact Information

If same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	_____
<121>	Filing Carrier Name	_____
<122>	Street Address (or PO Box)	_____
<123>	City	_____
<124>	State	_____
<125>	Zip-Code	_____
<126>	Telephone Number	_____
<127>	Fax Number	_____
<128>	Email Address	_____

Authorized Agent Information

If no agent, indicate in this box

☐

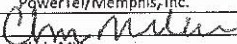
<120>	Name (First, MI, Last, Suffix)	_____
<121>	Company	_____
<122>	Street Address (or PO Box)	_____
<123>	City	_____
<124>	State	_____
<125>	Zip-Code	_____
<126>	Telephone Number	_____
<127>	Fax Number	_____
<128>	Email Address	_____

<141>

(070) Urban Rate Comparability Certification

The Reporting Carrier offers service in supported areas at rates that are within a reasonable range of rates for similar service plans offered by mobile wireless providers in urban areas.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION ON ITS OWN BEHALF:

Certification of Officer as to Compliance with 47 CFR §54.1009(a)(4)										
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form is accurate.										
Name of Reporting Carrier	PowerTel/Memphis, Inc.									
Signature of authorized officer									Date	7/29/2014
Printed name of authorized officer	Chris Miller									
Title or position of authorized officer	Vice President, Tax									
Telephone number of authorized officer:	(425) 383-4000									
Study Area Code of Reporting Carrier	268021			7/15/2014		7/31/2014				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier										
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the compliance with 47 CFR §54.1009(a)(4) as reported to the authorized agent; and, to the best of my knowledge, the certification provided to the authorized agent is accurate.										
Name of Authorized Agent										
Name of Reporting Carrier										
Signature of authorized officer									Date	
Printed name of authorized officer										
Title or position of authorized officer										
Telephone number of authorized officer:	() - - - - , ext. - - - -									
Study Area Code of Reporting Carrier				Filing Due Date for this form (mm/dd/yyyy)						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier										
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.										
Name of Reporting Carrier										
Name of Authorized Agent										
Signature of authorized agent or employee of agent									Date	
Printed name of authorized agent or employee of agent										
Title or position of authorized agent or employee of agent										
Telephone number of authorized agent:	() - - - - , ext. - - - -									
Study Area Code of Reporting Carrier				Filing Due Date for this form (mm/dd/yyyy)						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

(080) Tribal Lands Reporting

FCC Form 690
Approved by OMB
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<010>	Study Area Code	268021
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(090) Project Update Information

FCC Form 690

Approved by OMB

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<010>	Study Area Code	268021
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	1574286.97
<203>	Total Mobility Fund Support Disbursed	524762.32
<204>	Support Applied to Network Design	499636.9
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	25125.42
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	268021_PSD_KY.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<p align="center">Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients</p> <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form is accurate.</p>									
Name of Reporting Carrier		PowerTel/Memphis, Inc.							
Signature of Authorized Officer		<i>Chris Miller</i>						Date	7/29/2014
Printed name of Authorized Officer		Chris Miller							
Title or position of Authorized Officer		Vice President, Tax							
Telephone number of Authorized Officer: (425) 383-4000									
Study Area Code of Reporting Carrier		268021		Filing Due Date for this form (mm/dd/yyyy)		7/31/2014			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									

Attachments



FCC Mobility Fund

Project Description Status for CT 21169960100

1 Project Summary

1.1 Background

The FCC Mobility Fund project is designed to improve coverage to underserved populations (roads) as part of a federal program to expand broadband coverage of unserved road miles with 3G/4G (3G = 200kbps/50kbps DL/UL) through rural America. T-Mobile was awarded funds to build approximately 122 sites across 17 census tracts in this two year program.

Funding Disbursements from FCC will be in THIRDS

- First 1/3 upon project awarded to T-Mobile (effective May 24, 2013)
- Second 1/3 upon demonstrating coverage of 50% of the awarded eligible roadmiles
- Last 1/3 upon demonstrating coverage of all eligible road miles awarded

1.2 Summary for CT 21169960100

Provide broadband coverage for 66.08 from a total of 66.14 road miles. T-Mobile will build 3 sites with planned census tract coverage of 99.9% of the total road miles per the FCC MF grant.

2 Project Status

Network Deployment - Network Design	-	Completed
Network Deployment - Deployment	-	In progress. All leases signed.
Network Deployment - Construction	-	Not started. Planned 9/30/2014
Network Deployment - Maintenance	-	Not started. Planned 06/25/2015
Project Budget Status	-	On track
Project Plan Status	-	On track